

MEDICAL RECORDS AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF Harrison

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, **COASTAL FAMILY HEALTH CENTER**, (or alternatively, Linda Savage records custodian), who, upon his/her oath, stated that (1) he/she has first hand knowledge of the maintenance and/or storage of the attached records; (2) the attached records are a true and correct copy of the medical records that were kept in the regular course of the examination, evaluation, and/or treatment of **Kasey D. Alves**; Date of Birth: **3/21/73**; Social Security No.: **270-68-6082**; and (3) the records were generated in the regular course and activities of **COASTAL FAMILY HEALTH CENTER**, and made at or near the time of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.

Linda Savage
AFFIANT

Sworn to and subscribed before me, this 12th day of February, 2008

Christine Ann Warren
Notary Public

My Commission Expires:

09/16/2009

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES: Sept 16, 2009
BONDED BY THE CIVIL PUBLIC UNDERWRITERS



LAW OFFICES OF

DUKES, DUKES, KEATING & FANECA, P.A.

2909 13th STREET, SIXTH FLOOR
GULFPORT, MISSISSIPPI 39501Breynoir
Biloxi

WALTER W. DUKES
HUGH D. KEATING
CY FANECA
PHILLIP W. JARRELL
W. EDWARD HATTEN
TRACE D. MCRANEY
SUE OZERDEN*
WILLIAM SYMMES
BOBBY R. LONG

WILLIAM F. DUKES,
(1927 - 2003)

P. O. DRAWER W
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228-863-2886

JE'NELL B. GUSTAFSON**
JASON B. PURVIS
DAVID N. DUHE'
HALEY N. BROOM
AMANDA MURRAY***

*also licensed in AL, FL, LA
**also licensed in CA
***also licensed in NC

January 21, 2008

Certified

~~Coastal Family Health Center~~
ATTN: Dr. Mbonu
683 Division Street
Biloxi, MS 3930

Re: Kasey D. Alves v. Harrison County, Mississippi, by and through the Board of Supervisors; Harrison County Sheriff's Department; Sheriff George Payne, Jr.; David Decelle; Health Assurance, LLC; Regina Rhodes, Officially and in Her Individual Capacity; Ryan Teel, in His Official and Individual Capacity; Dianne Gatson-Riley, Officially and in Her Individual Capacity; and Unknown John and Jane Does A-Z, in Their Official And Individual Capacities
Civil Action No. 1:06cv912LGJMR
Our File No. 1811.098

To Whom It May Concern:

Our firm represents a defendant in a civil rights lawsuit which has been filed by Kasey D. Alves.

Please forward to us all records you have reflecting Kasey Alves' treatment by you including, but not limited to, the following:

1. Questionnaires	5. Surgical/Pathology Reports
2. Histories	6. All Hospital Records
3. X-ray Reports	7. Medical Reports and Summaries
4. Office notes (handwritten and transcribed)	8. Consultations
	9. Any and all bills incurred for his/her care and treatment at your facility.

Enclosed is a medical authorization form which complies with HIPAA.

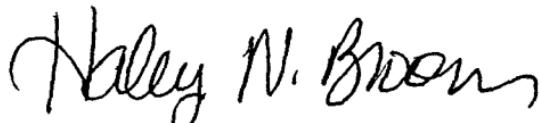
Also enclosed is a Records Affidavit for your convenience in certification of these records. The Affidavit will need to be signed in front of a notary public for proper certification. Once the records have been obtained and the Affidavit has been executed, please forward same to me at the above listed address.

If there is a charge for this service, please forward a statement with the records; however, if the charge exceeds \$100, please contact me prior to processing this request.

Thank you in advance for your cooperation and attention in this matter.

Sincerely,

DUKES, DUKES, KEATING & FANECA, P.A.



Haley N. Broom

Haley N. Broom

HNB:Ih
Enclosures
cc: Woodrow Pringle, Esq.

Name: *Kasey D. Alves*

Date of birth: *3-21-73*

Social Security Number: *270-68-6082*

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, and Social Security Administration Disability Determination Services, The Internal Revenue Service and Department of Workers' Claims, to release all existing medical records and information regarding the above named individual's medical care, treatment, physical/mental condition, and medical expenses revealed by your observation or treatment of this individual in the past, present and future, as well as all educational and employment records, to the attention of

Trace D. McRaney, Esq.
Dukes, Dukes, Keating and Faneca, P.A.
P.O. Drawer W
Gulfport, MS 39502

I understand that this authorization includes information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders [*EXCEPT Psychotherapy Notes* as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501, psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes require a separate authorization.*] It also includes original x-ray films and reports, laboratory reports, original CT scan films and reports, original MRI scan films and reports, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, psychiatric treatment and counseling records, psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive. Ex parte communications with physicians are not permitted pursuant to this Authorization.

I, the undersigned individual am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to _____

_____, or to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of Alves vs. Harrison Co. or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: 1-15-08

Kasey D. Alves
(Signature) Patient or Patient Representative

Printed Name of Patient's Representative

Relationship to Patient

Description of Representative's Authority to Act for the Patient

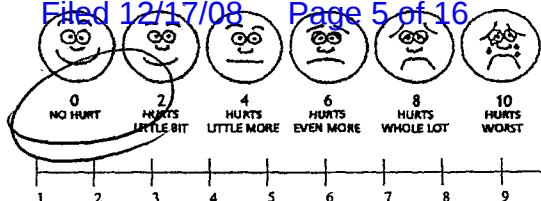
This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.

**Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress date.*



MEDICAL PROGRESS NOTE

NKDA



NAME: Alves, Kasey AGE: 33 MR#: DATE: 1-9-07

VITAL SIGNS: HT 5'8 WT 213.0 T 98.3 P 88 R 18 BP 110, 70

SUBJECTIVE: pt presents for refill on medication -

OxyContin 10mg

Smoker

Lyrica 75mg po qT 8^o-need refill

pt in no pain

Rx new prescription Lyrica

OBJECTIVE: Head CT

CNS: sick

Abd: soft NBS

Neuro: conscious, alert, denies

EKG (not done)

HW (did not get for draw)

MAP

- ① PDE neuropathy pain
- ② Impaired glucose tolerance
- ③ History of lipatire injury (PDE)

ASSESSMENT:

Prescription for Lyrica

PLAN:

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT CAREGIVER: _____

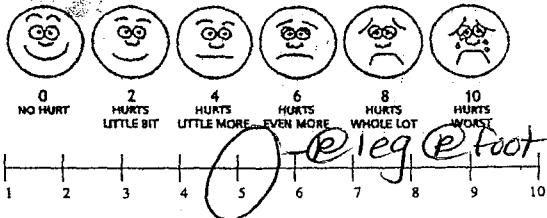
Move out of town
RTC: _____

PROVIDER SIGNATURE: _____

DATE: 1/9/07



MEDICAL PROGRESS NOTE
NKDA



NAME: KASEY ALVES

AGE: 33 MR#:

DATE: 9-10-08

VITAL SIGNS: HT 5'8 WT 203.0 P 80 R 160 BP 130/80

SUBJECTIVE: pt presents for check up & request refills on medications

Lyrica 75 mg t po q 8^o - need refill Smoker

Patient seen in follow up

Request medication refill

Yet to do lab orders in June

OBJECTIVE: EXAM: Young black male, not in distress

Not in distress, not pale anemic

CHIT- CT

VS: 5, 12

ABD: soft, NT, BS +

Nerves: conscious, alert, oriented

ASSESSMENT:

ADL problem list as before

✓ Refill Lyrica

✓ FBG, 2h GTT, Hep profile

PLAN:

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER:

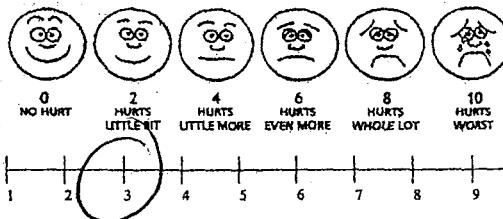
PROVIDER SIGNATURE:

RTC: 09/06/08

Shane



MEDICAL PROGRESS NOTE
NKDA



NAME: Alves, KASEY AGE: 33 MR#: DATE: 6-6-00
 VITAL SIGNS: HT 5'18 WT 195.0 T 98.5 P 80 R 18 BP 140,80
 SUBJECTIVE: pt presents for lab results

Patient seen in follow-up. Smoker
 He is yet to see Dr. Bowen.
 He states that he had physical therapy at
 regional hospital following his injury and
 that he has been discharged by physical
 therapy and told that he does not require
 any more physical therapy visits. Still has pain
 Shooting from hamstrings to right foot.
EXAM: Young black male, not in distress.
 Not pale, anicteric.

TESTS: CTA
 CVS: r/s
LABS: RBC, WBC, +
ASSESSMENT:

(Hb) - reviewed
 glucose = 109
 ALT = 59

Neuro: conscious, alert, oriented

MHI: (R) thigh/leg & mid warning
 power good to what

(ATP)

① Ligature injury (R) LE

② Foot drop (R) LE

③ (R) LE Neuropathic pain

④ R ACR

PLAN:

✓ FBG, 2h GTT

✓ Hep. profile

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER:

PROVIDER SIGNATURE: _____

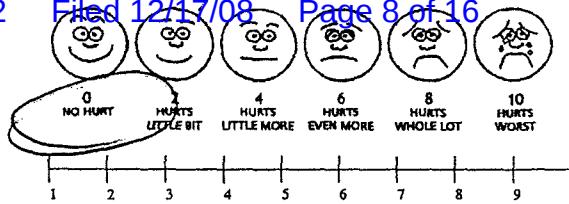
DATE:

RTC: 06/06/06



MEDICAL PROGRESS NOTE

NKDA

NAME: Atles, Kasey AGE: 33 MR#: 983 DATE: 12-8-08VITAL SIGNS: HT 5'8 WT 212.0 T 98.3 P 84 R 18 BP 120, 78SUBJECTIVE: pt presents for follow up & refills on
meds & lab results -
Lyrica 75mg po q8°-need refill Exsmoker

Patient seen in follow up
Requests medication refills
Lab results

OBJECTIVE: Exam: Young black male

Not in distress, not pale,
anterior

Chest CTxCV: SABLAB: SOGNT B1 (+)Neuro: Conscious, alert, orientedASSESSMENT: (ATP) ① Diabetic w/ inj ② LE
③ ② LE Neuropathic pain
③ Impaired glucose tolerance✓ HbA1C test, FUP✓ Refill needs✓ Consulted DR diet/exercise

PLAN: _____

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER: S. AtlesPROVIDER SIGNATURE: S. Atles RTC: 2moDATE: 12/08/08



LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

SPECIMEN 268-007-0311-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION			SS#: ***-**-6082	
PHONE: 228-354-8822 DOB: 3/21/1973				
PATIENT NAME ALVES,KASEY		SEX M	AGE(YR./MOS.) 33 / 6	
PT. ADD.:				
DATE OF COLLECTION 9/25/2006	TIME 11:03	DATE RECEIVED 9/25/2006	DATE REPORTED 9/26/2006	TIME 15:05 2445

CLINICAL INFORMATION CD- 41120117176	
PHYSICIAN ID. MBONU, C	PATIENT ID. ALVES
ACCOUNT: CFH Biloxi (Client)	
683 Division Street Biloxi MS 39530-0000	
ACCOUNT NUMBER: 23404919	

TEST	RESULT	LIMITS	LAB
Hepatitis Panel (4)			
Hep A Ab, IgM	Negative	Negative	MB
HBsAg Screen	Negative	Negative	MB
Hep B Core Ab, IgM	Negative	Negative	MB
HCV Ab	0.2 s/co ratio	0.0 - 0.9	MB
Negative			
Not infected with HCV, unless recent infection is suspected or other evidence exists to indicate HCV infection.			

LAB: MB LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

PROVIDER COPY

Pat Name: ALVES,KASEY	Pat ID: ALVES	Spec #: 268-007-0311-0	Seq #: 2445
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Results are Flagged in Accordance with Age Dependent Reference Ranges

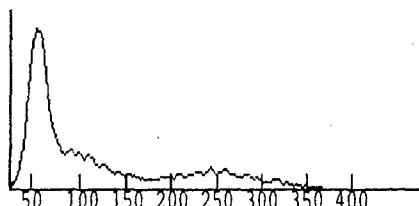
Last Page of Report

COASTAL FAMILY HEALTH CE ER
GULFPORT MS

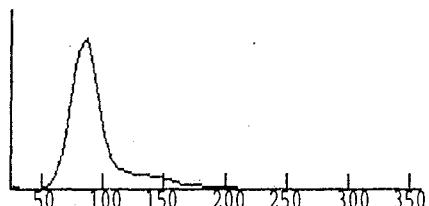
NAME.....DOB

ID: 0		05-16-06		
CVWB		15:53		
	Patient			
	Limits 2			
WBC	5.9	$\times 10^3/\mu\text{L}$	4.5	11.0
LY	54.0	H %	20.5	51.1
MO	13.0	H %	1.7	12.0
GR	33.0	L %	42.2	75.2
LY#	3.2	$\times 10^3/\mu\text{L}$	1.0	4.4
MO#	0.8	$\times 10^3/\mu\text{L}$	0.1	1.2
GR#	1.9	$\times 10^3/\mu\text{L}$	1.4	8.5
RBC	5.31	$\times 10^6/\mu\text{L}$	4.20	6.10
Hgb	14.6	g/dL	12.0	16.0
Hct	43.9	%	37.0	47.0
MCV	82.7	fL	81.0	100.0
MCH	27.4	pg	27.0	33.5
MCHC	33.2	g/dL	31.0	37.0
RDW	14.0	%	11.5	15.5
Plt	265.	$\times 10^3/\mu\text{L}$	130.	400.
MPV	10.5	fL	7.0	11.0

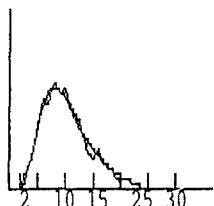
ALVES, KASEY
CHART # NONE
DOB: 3-29-1973
PR: DR. MBONU
TECH: TRI



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

fm

ABNORMAL RESULT

Provider Copy

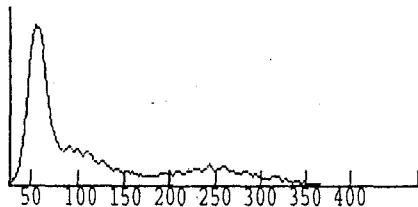
COASTAL FAMILY HEALTH CENTER
GULFPORT MS

NAME.....DOB

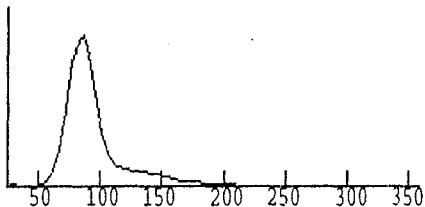
ID: 0 05-16-06
CVWB 15:53
Patient Limits 2

WBC	5.9	$\times 10^3/\mu\text{L}$	4.5	11.0
LY	54.0	H %	20.5	51.1
MO	13.0	H %	1.7	12.0
GR	33.0	L %	42.2	75.2
LY#	3.2	$\times 10^3/\mu\text{L}$	1.0	4.4
MO#	0.8	$\times 10^3/\mu\text{L}$	0.1	1.2
GR#	1.9	$\times 10^3/\mu\text{L}$	1.4	8.5
RBC	5.31	$\times 10^6/\mu\text{L}$	4.20	6.10
Hgb	14.6	g/dL	12.0	16.0
Hct	43.9	%	37.0	47.0
MCV	82.7	fL	81.0	100.0
MCH	27.4	pg	27.0	33.5
MCHC	33.2	g/dL	31.0	37.0
RDW	14.0	%	11.5	15.5
Plt	265.	$\times 10^3/\mu\text{L}$	130.	400.
MPV	10.5	fL	7.0	11.0

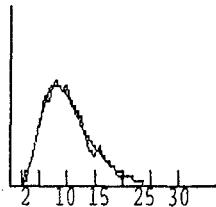
ALVES, KASEY
CHART # NONE
DOB: 3-29-1973
PR: DR. MBONU
TECH: TRI



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

ABNORMAL RESULT

CW

LAB COPY

FINAL SAMPLE REPORT

Page: 1

Patient ID: ALV

Reported: 05/16/06 19:35

Patient Name: ALVES, KASEY

Doctor: CHARLES MBONU MD

DOB: 03/29/1973 Sex: F

Location:

Comments:

Lab No: 06136057

Drawn: 05/15/06 08:00

Tech: TECH Rec'd: 05/16/06 19:19 Tech: VDD

Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE	RANGE
*** COMPREHENSIVE METABOLIC PROFILE ***					
GLUCOSE		109 H	mg/dL	65 -	99
BUN	14		mg/dL	5 -	26
CREATININE	1.1		mg/dL	0.5 -	1.5
BUN/CREAT RATIO	12.9		CALC	8.0 -	36.0
SODIUM	136		mEq/L	134 -	149
POTASSIUM	4.4		mEq/L	3.5 -	5.5
CHLORIDE	96		mEq/L	94 -	112
CARBON DIOXIDE	28.3		mEq/L	20.0 -	32.0
CALCIUM	9.5		mg/dL	8.2 -	10.6
TOTAL PROTEIN	7.5		g/dL	6.0 -	8.5
ALBUMIN	4.4		g/dL	3.2 -	5.3
GLOBULIN	3.2		g/dL	2.0 -	4.8
A/G RATIO	1.4		CALC	0.6 -	2.2
ALK. PHOS.	51		U/L	39 -	130
ALT (SGPT)			U/L	0 -	55
AST (SGOT)	35		U/L	0 -	40
TOTAL BILIRUBIN	0.8		mg/dL	0.1 -	1.3

(59 H)

ABNORMAL RESULT

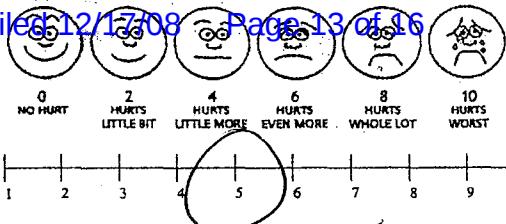
JLM

PROVIDER COPY



MEDICAL PROGRESS NOTE

NKDA



NAME: Alves, Kasey AGE: 33 MR#: DATE: 5-10-00

VITAL SIGNS: HT 98 WT 187.0 T 98 P 98 R 18 BP 130, 90

SUBJECTIVE: pt presents for medication refill & release

FOR WORK - Q Thru your apn

*LYNCA 15 mg t po TID (needs refill) ♂ Smoker

33 year old man with history of ligature injury to (R) lower extremity below or at the knee in January this year. Patient was seen by Dr. Joe Jackson and referred to Dr. Bear Bowes. He is yet to see Dr. Bowes but intends to. See h/w. Per records, patient had thrombolytic and renal failure requiring hemodialysis at the time of the injury. He basically asks some questions about his (R) lower extremity and his questions are answered. He has already obtained lyrics from another clinic.

ASSESSMENT: Chest: CN

OMS: S1L2

ABD: soft INT, BI +

Neuro: Conscious, alert, oriented

(ATA)

① History of ligature injury ② LE

③ Foot drop (R) LE

④ (R) LE Neuropathic pain or typea

PLAN:

✓ CBL, CMP

follow Dr. Bowes

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER:

PROVIDER SIGNATURE:

RTC: (none)

DATE: 11/10/06

nS10106

NAME: Kasey J. Alves DOB: 3-21-73 MR#: _____ DATE: 2 may 06

ALLERGIES: giant a MEDICATIONS: Lyric

Please check (✓) below any symptoms that the patient or patient's family members have or have had in the past: CODE:
M(Mother) F(Father) MGM(Maternal Grandmother) MGF(Maternal Grandfather) PGM(Paternal Grandmother) PGF(Paternal Grandfather)

SELF	FAMILY	PAST MEDICAL HISTORY	SELF	FAMILY	PAST MEDICAL HISTORY
		Cancer			Heart Murmur
		Sugar Diabetes			Heart Attack
		Anemia/Low Blood			High Blood Pressure
		Phlebitis/Blood Clots			Rheumatic Fever
		Blood Transfusion			Heart Disease
		Leukemia			Stroke
		Hepatitis/Yellow Jaundice			Epilepsy, Seizures
		Bleeding Disorder			Nervous Problems
		Kidney Disorder			Thyroid Problems
		Bladder Infections			Asthma, Hay Fever
		Stomach Problems/Ulcers			Emphysema
		Gall Bladder Problems			Tuberculosis
		Liver Disease			Shortness of Breath
		Arthritis			STD/Female Infections
		Bone Disease			Smoke Cigarettes
		Muscle Disorder			Drink Alcohol
		Swelling			Use other drugs

Other Serious Illness or Injury? rhabdomyolysis ischemic injury to muscles and nerves

Previous Surgery (Circle) Tonsils, Appendix, Gallbladder, Hernia, Breast, Tubal Ligation, Hysterectomy, C-Section, D&C, Other

NFA

Marital Status: Single Living Arrangements: with Aunt

Sexually Active? Yes Practice Safe Sex? Yes Contraceptive Method? Condom

Females Only: Last Delivery / G. / P. / A. / L. / LMP /

Last Menses: Normal Abnormal Length of Cycle

COMMENTS:

AUTHORIZATION FOR MEDICAL/DENTAL/OPTOMETRIC CARE:

Permission is hereby granted for any health care as may be deemed advisable by the providers of the COASTAL FAMILY HEALTH CENTER or by their consultants.

I agree that I have read and understand the above consent and will accept its terms.

Karen S. Phipps
Signature of Patient/Parent/Guardian
5-2-06
Date

Signature of Patient/Parent/Guardian

Signature of Staff Witness

2 May 06

Date

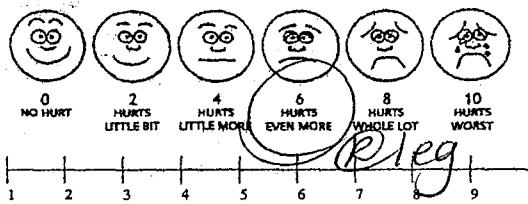
5-2-04

Date



MEDICAL PROGRESS NOTE

NKDA



NAME: Alves, Kasey AGE: 33 MR#: 90 DATE: 5-2-06
 VITAL SIGNS: HT 5'8" WT 190 T 98.4 P 90 R 18 BP 136/70

SUBJECTIVE: pt presents for request written RX for
 Lyrica 75 mg request a work release for vocational
 Rehab D. Thompson CPN

Lyrica 75 mg T po 11D * request refill

(-) Smoker

OBJECTIVE: P.R.E. see letter from Wellness Restoration
 Clinic from Dr Jackson, Neurologist

ASSESSMENT: hx ischemic injuries (R) leg.

PLAN: Refer to Dr. M. Bowe to prescribe Lyrica (available
 on short time card) and for clearance for work release;
 pt unsure he may need to see a neurologist for
 clearance.

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT CAREGIVER: _____ RTC: 5-8-06

PROVIDER SIGNATURE: Deborah Flegg-Camp DAT: 5-02-06



LABORATORY REPORTS

ROUTINE ANALYSIS
 COLOR _____
 APPEARANCE _____
 SP. GRAV.: I.O. _____
 NITRITE _____
 PH _____
 PROTEIN _____
 GLUCOSE _____
 KETONES _____
 UROBILINOGEN (NORMAL 0.110EU) _____
 BILIRUBIN _____
 BLOOD _____
 LEU _____
 EPITHELIAL _____
 MUCUS _____
 WBC _____
 RBC _____
 CASTS _____
 BACTERIA _____
 CRYSTALS _____
 YEAST _____
 TRICHOMONAS _____
 OTHER _____

WET PREP
 WBC _____
 TRICH _____
 YEAST _____
 CLUE CELL _____
 SQUAMOUS _____
 BACTERIA _____
 RBC _____
 FBS _____
 RBS _____
 STREP A _____
 H - PYLORI _____
 HGB _____

Patient's Name Alves, Kasey
 MR Chart #: _____
 Test Requested By: M. Bonny

<input type="checkbox"/> Pregnancy Test	_____
<input type="checkbox"/> SED RATE	_____
<input type="checkbox"/> HEMOCULT	_____
<input type="checkbox"/> OTHER	<u>2⁰ Glucose</u>
<u>Fasting</u>	<u>920</u>
<u>820</u>	<u>1000</u>
<u>Finger</u>	<u>204</u>
	<u>134</u>
UR	<u>Neg</u>
	<u>14</u>
	<u>Normal</u>

Date 7/25/08 Tech. AS



CFHC #

NAME Alves, Kasey MR# _____
 CFHC #90